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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ronald J. Lebel et al.
Title: AMBULATORY MEDICAL
APPARATUS WITH HAND HELD
COMMUNICATION DEVICE
Appl. No.: 09/768,196
Filing Date: 01/22/2001
Examiner: Matthew F. Desanto
Art Unit: 3763

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NOV 06 2003

TECHNOLOGY CENTER R3700

CERTIFICATE OF MAILING

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

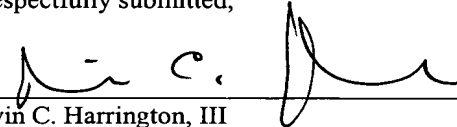
Commissioner:

I hereby certify that the following paper(s) and/or fee along with any attachments referred to or identified as being attached or enclosed are being deposited with the United States Postal Service as First Class Mail under 37 C.F.R. § 1.8(a) on the date of deposit shown below with sufficient postage and in an envelope addressed to the Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.

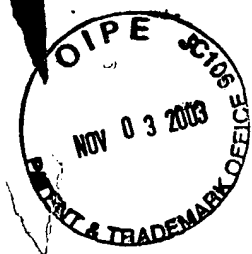
1. Amendment and Reply Under 37 C.F.R. § 1.111
2. Amendment Transmittal
3. Check No. 16549 (\$54.00)
4. 3. Certificate of Mailing

10 - 29 - 03
Date

Respectfully submitted,


Irvin C. Harrington, III
Reg. No. 44,740

Foley & Lardner
2029 Century Park East, 35th Floor
Los Angeles, CA 90067-3021
Telephone: 310-277-2223
Facsimile: 310-557-8475



Atty. Dkt. No. 047711-0221

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AMENDMENT TRANSMITTAL

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[] Assertion of Small Entity status is enclosed.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	23	<input type="checkbox"/>	20	=	3	x	\$18.00	=	\$54.00
Independents:	2	<input type="checkbox"/>	3	=	0	x	\$86.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$290.00	=	\$0.00
CLAIMS FEE TOTAL:									\$54.00

[] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$420.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$950.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,480.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,010.00	\$0.00
	EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$54.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$54.00

☐ Please charge Deposit Account No. 06-1447 in the amount of \$54.00. A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$54.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

10-29-03

FOLEY & LARDNER

Customer Number: 23392

Telephone: (310) 975-7963

Facsimile: (310) 557-8475

By



Irvin C. Harrington, III
Attorney for Applicant
Registration No. 44,740